
UNITED STATES DISTRICT COURT
for the
Southern District of New York

OPEN SOCIETY JUSTICE INITIATIVE

Plaintiff

v.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
See full list of defendants on Schedule A

Defendant

)
)
)
)
)
)
)

Civil Action No. _____

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Department of Health and Human
Services

c/o Office of the General Counsel
200 Independence Avenue, S.W.

Washington, D.C. 20201 +

A lawsuit has been filed against you.

Within 30 days after service of this summons on you (not counting the day you received it) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mark F. Mendelsohn
Paul, Weiss, Rifkind, Wharton &
Garrison LLP
2001 K Street, NW
Washington, D.C. 20006-1047

If you fail to respond, judgment by default may be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

▸ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

▸ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

▸ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

▸ I returned the summons unexecuted because _____; or

▸ Other *(specify)*: _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

Schedule A

Department of Health and Human Services
Office of the General Counsel
200 Independence Avenue, S.W.
Washington, D.C. 20201

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027

Food and Drug Administration
10903 New Hampshire Ave.
Silver Spring, MD 20993-0002

National Institutes of Health
Office of the General Counsel
200 Independence Avenue, S.W.
Washington, D.C. 20201

National Institute of Allergy and Infectious Diseases
Office of the General Counsel
200 Independence Avenue, S.W.
Washington, D.C. 20201

Department of Homeland Security
Office of the General Counsel
2707 Martin Luther King Jr. Ave, SE
Mail Stop 0485
Washington, D.C. 20528-0485

Federal Emergency Management Agency
Office of the Chief Counsel
500 C Street SW
Washington, D.C. 20472